

**IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS**  
**Bureau of Occupational Licenses**  
**1109 Main St., Suite 220**  
**Boise, ID 83702**  
[swo@ibol.state.id.us](mailto:swo@ibol.state.id.us)

**LICENSED CLINICAL SOCIAL WORK APPLICATION**  
Instructions

Idaho law requires a current license for Clinical Practice of Social Work. Reference: Section 54-3202(3), Idaho Code, and Social Work Rules and Regulations, Rule 201.

The following **MUST** be on file in the Board office:

1. A current Idaho Masters Social Worker license;
2. Applicant's pre-approved supervisor held a current license for clinical social work, psychology or psychiatry.
3. Applicant completed 2 years of supervision (a minimum of 3,000 hours with 100 hours of direct face-to-face supervision). Supervisor reports must be on file with the Board.
4. A \$50.00 application fee must be attached to this completed application.

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**LICENSED CLINICAL SOCIAL WORK APPLICATION**

I hereby make application for a license to practice as a Licensed Clinical Social Worker (LCSW) under the provisions of Idaho law and rule and enclose the \$50.00 application fee.

1. **Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_
2. **Mailing address** \_\_\_\_\_  
Street/PO Box City State Zip
3. **Business address** \_\_\_\_\_  
Street/PO Box City State Zip
4. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **License #** \_\_\_\_  
mm dd yyyy
5. **Daytime phone** \_(\_\_\_\_)\_\_\_\_\_ **Fax** \_(\_\_\_\_)\_\_\_\_\_ **E-mail** \_\_\_\_\_
6. **Are you currently or have you ever been licensed in any other state(s)?** [ ]Yes [ ]No  
(If Yes, official certification of licensure must be received by this office directly from the issuing authority before your application will be processed. Enter the state(s) and your license number(s) here \_\_\_\_\_)
7. **Have you ever had a license, or registration revoked, suspended or otherwise sanctioned?** [ ]Yes [ ]No  
("Sanction" includes any voluntary or involuntary action that limits, restricts, or conditions lawful professional practice. If Yes, a copy of the charges and the final order must be received before your application will be processed.)
8. **Have you ever been convicted of any felony or offense involving moral turpitude?** [ ]Yes [ ]No  
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

**AFFIDAVIT**

I hereby certify that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the Code of Professional Conduct, governing the practice of Social Work.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
**Applicant signature**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_